Hard to Bleed Process – patients aged 16 and over

1	**Adherence to NHS blood taking guidance** - phlebotomists adhere to all NHS blood taking guidance to ensure the best chance of success when attempting to bleed: • Good Hydration - Dehydration: Low water intake decreases blood volume, making veins flat, soft, and prone to collapsing. Ensure patients have access to fluids whilst waiting, advice given in advance to hydrate. • Body Temperature - Cold skin causes blood vessels to shrink, making veins much harder to locate and access. Ensure the clinical/ waiting area environment is kept warm and patients have time to warm up in cold weather – don't be in a hurry to bleed patients who are cold let them warm up. • Vein health: Fragile walls, deep placement, rolling movement, or heavy scar tissue from past procedures hinder proper entry. • Patients often know where blood is best taken from – always ask and listen to the patient, if possible, follow the recommendation of the patient or inform the patient if that is not possible.
2	**Urgent Patients** • Urgent patients are outside the scope of this pathway and must be managed in accordance with existing urgent blood testing arrangements.
3	**First appointment at GP Practice** • A phlebotomist may make up to two attempts to obtain a blood sample during the appointment. • If unsuccessful, the GP practice should arrange a second appointment at least five working days later.
4	**Second appointment at GP Practice** • A phlebotomist may make up to two further attempts to obtain a blood sample. • If the blood sample is still unsuccessful, the practice must refer the patient to the Hard to Bleed Service at the Blood Taking Unit (BTU). • The referring clinician must ensure that the Hard to Bleed referral field is selected within the Referrals tab on ICE, with information given about failed attempts / relevant clinical history to support referral. • The practice should advise the patient to book an appointment directly with the BTU and provide instructions on how to do so.
5	**Reporting** • Reports on Hard to Bleed referrals from GP practices should be generated from ICE at a frequency agreed by the ICB.

Hard to Bleed Process for Children aged 12-15years 364 days

1	**Adherence to NHS blood taking guidance** - phlebotomists adhere to all NHS blood taking guidance to ensure the best chance of success when attempting to bleed: • Good Hydration - Dehydration: Low water intake decreases blood volume, making veins flat, soft, and prone to collapsing. Ensure patients have access to fluids whilst waiting, advice given in advance to hydrate. • Body Temperature - Cold skin causes blood vessels to shrink, making veins much harder to locate and access. Ensure the clinical/ waiting area environment is kept warm and patients have time to warm up in cold weather – don't be in a hurry to bleed patients who are cold let them warm up. • Vein health: Fragile walls, deep placement, rolling movement, or heavy scar tissue from past procedures hinder proper entry. • Preparation: practices should ensure Emla cream or numbing spray is prescribed as required to enable adequate preparation, especially for younger or more nervous patients. • Patients often know where blood is best taken from – always ask and listen to the patient, if possible, follow the recommendation of the patient or inform the patient if that is not possible.
2	**Urgent Patients** • Urgent patients are outside the scope of this pathway and must be managed in accordance with existing urgent blood testing arrangements.
3	**First appointment at GP Practice** • A phlebotomist may make up to two attempts to obtain a blood sample during the appointment. • If unsuccessful, the practice must refer the patient to the Hard to Bleed Service at the Blood Taking Unit (BTU). • The referring clinician must ensure that the Hard to Bleed referral field is selected within the Referrals tab on ICE, with information given on failed attempts / relevant clinical history to support referral. • The practice should advise the patient to book an appointment directly with the BTU and provide instructions on how to do so.
5	**Reporting** • Reports on Hard to Bleed referrals from GP practices should be generated from ICE at a frequency agreed by the ICB.